Facility:
Date:
Surveyor:

## Follow-up on Plan of Correction Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Follow-up surveys are required any time surveyors cite deficient practice. The Team Leader is responsible for tracking follow-up completion. At the completion of the survey, document the facility name and the date of the survey. Once the survey team receives and accepts the Plan of Correction (PoC), the team documents the date the facility achieves compliance (latest date on the PoC). The survey team can conduct a follow-up once the facility achieves compliance and sufficient time has passed to assess. The notes section allows you to track information requested of the facility for phone/mail surveys. Once the follow-up is completed, complete Form CMS-2567/2567B as appropriate and mark the survey as completed.

Facility	Due Date for a Follow-Up as per the PoC	Date of Survey or Complaint	Notes (date and time of call/visit, who you spoke with, information you requested, if you faxed a list, how they are going to send you requested information [fax or mail], they are going to send the information, etc.)	Yes (if done)

Citation: State Operations Manual, Appendix J Provider Type: Intermediate Care Facility/Individuals with Intellectual Disabilities Facility:
Date:
Surveyor:

## Follow-up on Plan of Correction Intermediate Care Facility/Individuals with Intellectual Disabilities

Facility	Due Date for a Follow-Up as per the PoC	Date of Survey or Complaint	Notes (date and time of call/visit, who you spoke with, information you requested, if you faxed a list, how they are going to send you requested information [fax or mail], they are going to send the information, etc.)	Yes (if done)